EXHIBIT A



IR ANGIO CEREBRAL ARTERY BILATERAL IR EMBOLIZATION NEURO BRAIN OR SPINAL CORD

Status: Final result

Imaging Links

PACS Images

Virtual Consult

Signed By

Signed

Date/Time

2016

Phone

Pager

ARCOT, KARTHIKEYAN M

Nov 25, 5:15 PM

718-630-6756

Study Result

PRE OPERATIVE DIAGNOSIS: High-grade symptomatic stenosis of the right common and internal carotid artery for carotid stenting

POST OPERATIVE DIAGNOSIS:

1. Successful endovascular angioplasty and stenting with embolic protection of the high-grade symptomatic stenosis of the right common and internal carotid artery with significant resolution of the previously noted stenosis

PROCEDURE: Angioplasty and stenting of the right common and internal carotid artery with embolic protection

REFERRING PHYSICIAN: Dr. Liff

DATE OF SERVICE: 11/23/2016

SURGEON: Dr. Arcot

CO-SURGEON: Dr. Tiwari

FIRST ASSISTANT: Dr. Selas

CONSENT: Informed consent was obtained for the procedure after discussing the potential risks and benefits of the procedure. Potential risks such as vascular injury, vascular occlusion, further stroke, intracranial hemorrhage and even death were discussed. After all questions were satisfactorily answered, the patient gave informed consent.

ANESTHESIA: General anesthesia

PREOP MEDICATIONS: None

INTRODUCTION: A timeout procedure was documented, the patient's name date of birth and medical record number as well as the procedures to be performed was confirmed by the entire team, after everyone in the room agreed, the procedure continued. After the patient was placed under anesthesia, both groins were prepped and draped in the usual sterile fashion.

Using sterile Seldinger technique the right common femoral artery was punctured using a micropuncture kit. Over a 3mm J wire a 5 French sheath was introduced into the artery and then hooked up to a continuous heparinized flush system.

Via the sheath a 5 French Davis Catheter was introduced over a 0.35 Terumo glide wire, into the abdominal aorta, the catheter was than double flushed and subsequently hooked up to a separate continuous heparinized flush system. The following vessels were than sequentially selected. Digital angiographic acquisitions were than obtained:

VESSELS SELECTED:

The left common carotid artery was selected cervical and cranial views were obtained.

The left vertebral artery was selected cervical and intracranial views were obtained.

The right common carotid artery was selected cervical and cranial views were obtained.

Right common femoral artery was injected with pelvic views.

4 Follow-up angiograms were performed

DIAGNOSTIC IMAGING FINDINGS:

The diagnostic catheter was navigated over the arch using and 035 glide wire.

The left common carotid artery was selected and injected with cervical views.

The left common carotid artery appears normal without any areas of irregularity of stenosis.

The left external carotid artery appears normal without any areas of irregularity of stenosis.

The left internal carotid artery demonstrates some irregularity in the region of the carotid bulb without any significant stenosis.

The left common carotid artery was selected and injected with cranial views.

The left internal carotid artery was normal without any areas of irregularity of stenosis.

The left ACA appears normal without any areas of irregularity of stenosis. There is filling of the contralateral anterior cerebral artery via the anterior communicating artery.

The left MCA appears normal without any areas of irregularity of stenosis.

The left vertebral artery was selected and an injection was performed cervical and cranial views.

The left vertebral artery appear normal without any areas of irregularity of stenosis.

The basilar artery appears normal without any areas of irregularity of stenosis.

The left PICA is visualized and appears normal without any areas of irregularity of stenosis.

Bilateral PCAs are visualized and appear normal without any areas of irregularity of stenosis.

There is significant collateral supply to the right mea territory from the right PCA via the right PCOM.

There is nonocclusive thrombus in the angular branch of the right MCA.

The right common carotid artery was selected injected with cervical views.

The right common carotid artery demonstrates plaque near the bifurcation.

The right external carotid artery appear normal without any areas of irregularity or stenosis.

The right internal carotid artery shows a high-grade stenosis at its origin measuring approximately 88%.

Right common carotid artery was injected with cranial views.

Right internal carotid artery appears normal without any areas of irregularity or stenosis.

Right external carotid artery appears normal without any areas of irregularity or stenosis.

There is poor opacification of the right MCA territory due to washout from the collateral supply

INTERVENTION:

The patient was moving significantly and thus it was decided to intubate him at this time. Laryngeal Mask airway was used

The right external carotid artery was selected and here the catheter was exchanged for a 9 French sheath and the MOMA device using an exchange length a advantage glide wire wire.

An injection of the right common carotid artery was performed via the MOMA device to confirm placement.

The external carotid balloon segment of the MOMA device was in the external carotid artery. External carotid artery balloon was inflated and the advantage glide wire was carefully withdrawn.

A SYNCHRO 2 wire was then navigated past the stenosis into the petrous internal carotid artery.

A 6 x 40 peripheral balloon was navigated just proximal to the stenosis.

The common carotid artery balloon was inflated and aspiration was turned on.

The balloon was then navigated and positioned across the area of maximal stenosis and inflated under fluoroscopy while aspiration was turned on. There was significant relief of the stenosis and the balloon was deflated.

The balloon was withdrawn. Aspiration was turned off

A 6 x 40 precise stent was navigated just proximal to the stenosis. Aspiration was turned on The stent was positioned appropriately across the stenosis and deployed. The aspiration was turned off and the pusher was withdrawn.

Aspiration was continued for 30 seconds.

The external carotid artery balloon was deflated.

Aspiration was continued for about 30 seconds.

The common carotid artery balloon was deflated.

Aspiration was continued for a further 30 seconds.

Follow-up angiogram 1:

An injection of the right common carotid artery was performed with cervical views.

It revealed excellent positioning of the stent with significant resolution of the stenosis. There appeared to be mild vasospasm distal to the stent.

Right external carotid artery was occluded by the moma device.

Right common carotid artery appear normal without any significant stenosis.

Follow-up angiogram 2:

Injection of the right common carotid artery was performed with cranial views.

The right internal carotid artery appear normal without any areas of irregularity of stenosis. The right MCA appears normal without any areas of irregularity of stenosis.

The flow is significantly more robust and improved in the territory of the right MCA. The previously noted nonocclusive thrombus is not visualized at this time.

Follow-up angiogram 3:

An injection of the right common carotid artery was performed with cervical views.

It revealed excellent positioning of the stent with significant resolution of the stenosis. There appeared to be mild vasospasm distal to the stent.

Right external carotid artery was occluded by the moma device.

The decision was made to give 5 mg of verapamil intra-arterially at this point and it was injected via the moma device with careful monitoring of blood pressure over 5 minutes.

Right common carotid artery appear normal without any significant stenosis.

Follow-up angiogram 4:

An injection of the right common carotid artery was performed with cervical views.

It revealed excellent positioning of the stent with significant resolution of the stenosis. There was improvement in the spasm distal to the stent.

Right external carotid artery was occluded by the moma device.

The MOMA device was removed.

Right common carotid artery appear normal without any significant stenosis.

The right common femoral artery was selected and injected with pelvic views.

Right common femoral artery, right superficial and deep femoral arteries appear normal without any areas of irregularity of stenosis.

Hemostasis was obtained using a Angio-Seal 8 French device

The patient tolerated the procedure well. There were no complications during the procedure.

Impression:

1. Successful endovascular angioplasty and stenting with embolic protection of the high-grade symptomatic stenosis of the right common and internal carotid artery with significant resolution of the previously noted stenosis

INTRAOPERATIVE MEDICATIONS: Verapamil

RADIATION DOSE: AP 22.5 min/ 532,38 mGy Lat: 20 min/202.65 mGy

MATERIALS UTILIZED: Diagnostic angiography kit 6 mm x 40 mm precise stent 6 mm x 40 mm Sterling balloon

If you have any questions regarding this procedure or regarding the patient please do not hesitate to contact us at 718-6301270.

Sincerely,

Karthikeyan Arcot, MD Vascular and Interventional Neurology Interventional Neuro Associates

Final Report: Dictated by and Signed by Attending Karthikeyan Arcot MD 11/25/2016 5:15 PM

External Result Report
External Result Report

Result History

Order 155869500

IR ANGIO CEREBRAL ARTERY BILATERAL (Order 155672422)
IR EMBOLIZATION NEURO BRAIN OR SPINAL CORD (Order 155869500)

Imaging

Date: 11/23/2016 Department: Lm 3c Released By: Giuseppe T Montagna (auto-released)

Authorizing: Jeremy M Liff, MD

Order Information

Order Date/Time Release Date/Time Start Date/Time End Date/Time

Order Questions

Question Answer Comment

Reason for exam: r ica stenosis,

stroke

Note: Enter reason for exam

Order Details

Frequency Duration Priority Order Class

1 time imaging 1 occurrence Routine Hospital Performed

Original Order

Ordered On Ordered By

11/23/2016 7:35 PM Giuseppe T Montagna

Appointments for this Order

11/23/2016 2:00 PM - 45 min LM NIR RM (Resource) Lm 3 Ir Cardiac Cath Ep

Acknowledgement Info

For At Acknowledged By Acknowledged On

Placing Order 11/23/16 1935 Jessica Lok, RN 11/23/16 2049

Verbal Order Info

Action Created on Order Mode Entered by Provider Signed by

Action Created on Order Mode Entered by Provider Signed by Signed on Ordering 11/23/16 Verbal with Giuseppe T Jeremy M Jeremy M 11/26/16 1935 readback Montagna Liff, MD Liff, MD 1556

Additional Information

Associated Reports

View Encounter

Priority and Order Details

Order Requisition

IR EMBOLIZATION NEURO BRAIN OR SPINAL CORD (Order #155869500) on 11/23/16

EXHIBIT B



Jeffrey Farkas MD, LLC DBA Interventional Neuro Associates

ASSIGNMENT OF BENEFITS / ERISA AUTHORIZED REPRESENTATIVE FORM & LIMITED POWER OF ATTORNEY

Assignment of Insurance Benefits - Appointment as Legal Authorized Representative

I hereby irrevocably assign all applicable health insurance benefits and all rights and obligations that I and my dependents have under my health plan to Jeffrey Farkas MD, LLC DBA Interventional Neuro Associates and their chosen affiliated law firms (hereinafter, "My Authorized Representatives") and I appoint them as my authorized representative with the power to:

- File medical claims with the health plan including filing arbitration/litigation in your name on my behalf against the PIP carrier/health care carrier
- · File appeals and grievances with the health plan
- Institute any necessary litigation and/or complaints against my health plan naming me as plaintiff in such lawsuits and actions if necessary (or me as guardian of the patient if the patient is a minor).
- Discuss or divulge any of my personal health information or that of my dependents with any third party including the health plan. I
 authorize you and your attorney to obtain medical information regarding my physical condition from any other health care
 provider, including hospitals, diagnostic centers, etc., and I specifically authorize such health care providers(s) to release all such
 information to you about me, including medical reports, x-ray reports, narrative reports, and any other report or information
 regarding my physical condition.

I certify that the health insurance information that I provided to Provider is accurate as of the date set forth below and that I am responsible for keeping it updated.

I am fully aware that having health insurance does not absolve me of my responsibility to ensure that my bills for professional services from Provider are paid in full. I also understand that I am responsible for all amounts not covered by my health insurance, including co-payments, co-insurance, and deductibles.

Authorization to Release Information

hereby authorize My Authorized Representatives to: (1) release any information necessary to my health benefit plan (or its administrator) regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims. This order will remain in effect until revoked by me in writing.

ERISA Authorization

I hereby designate, authorize, and convey to My Authorized Representatives to the full extent permissible under law and under any applicable insurance policy and/or employee health care benefit plan: (1) the right and ability to act as my Authorized Representative in connection with any claim, right, or cause of action including litigation against my health plan (even to name me as a plaintiff in such action) that I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act as my Authorized Representative to pursue such claim, right, or cause of action in connection with said insurance policy and/or benefit plan (including but not limited to, the right and ability to act as my Authorized Representative with respect to a benefit plan governed by the provisions of ERISA as provided in 29 C.F.R. §2560.5031(b)(4) with respect to any healthcare expense incurred as a result of the services I received from Provider and, to the extent permissible under the law, to claim on my behalf, such benefits, claims, or reimbursement, and any other applicable remedy, including fines. I authorize communication with the Provider and his authorized representatives by email and my email address is . I understand I can revoke this authorization in writing at any time. I direct all reimbursable medical payments go directly to you, Jeffrey Farkas MD, LLC, DBA Interventional Neuro Associates, "The Practice". Lagree to turn over to "The Practice" any checks I receive on behalf of services rendered to me by the providers at "The Practice" and I am aware such payments do not belong to me. I am aware that if I fail to turn over payments to "The Practice" that have been sent to me on behalf of services rendered to me by "The Practice" and if I attempt to keep and profit from such payments and services "The Practice" and it's legal representatives have the right to consider such profiting equivalent to grand theft and prosecute you as one who committed a felony crime. In the event the insurance carrier responsible for making medical payments in this matter does not accept my assignment, or my assignment is challenged or deemed invalid. I execute this limited/special power of attorney and appoint and authorize your collection attorney as my agent and attorney to collect payment for your medical services directly against the carrier in this case, in my name, including filling an arbitration demand or lawsuit. I specifically authorize that attorney to file directly against that carrier in my name or in your name as a medical provider rendering services to me and designate your collection attorney as my attorney in fact. I further grant limited power of attorney to you as my medical provider to receive and collect directly from the insurance carrier money due you for services rendered to me in this matter, and hereby instruct the insurance carrier to pay you directly any monies due you for medical services you rendered to me. I authorize you and or your attorney to receive from my insurer, immediately upon verbal request, all information regarding last payment made by said insurer on my claim, including date of payment and balance of benefits remaining-

Or, Ref

10/31/17

A photocopy of this Assignment Authorization shall be as effective and valid as the original.

EXHIBIT C



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12		PiGA	\ ["T"
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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. Lauthorize the	elease of any medical or other information necessary	payment of medical benefits to the undersigned physician or supplic	
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£	G. H. H.				
J. L. D. J. D.	K. L.	F. G. H. J. I.			
From To PLACE OF (E	OCEDURES, SERVICES. OR SUPPLIES E. plain Unusual Circumstances) DIAGNOSIS	DAYS EPSOT IN DENO	J. JERING		
MM DD YY MM DD YY SERVICE EMG CPT.	HCPCS MODIFIER POINTER	\$ CHARGES UNITS Fight OUAL PROVID	DER ID. #		
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11¦ 23¦ 16 11¦ 23¦ 16 21 Y 7	5898 26 59 a	3600 00 1 NPI 16091			
	5898 26 59 a a a		.98779 Rsvd for NUCC Use		
	(For govt, claims, see back)	1 1 1	I I I I I I I I I I I I I I I I I I I		
	FACILITY LOCATION INFORMATION	\$ 125725 02 \$ 33. BILLING PROVIDER INFO & PH # (201) 38	7-1957		
INCLUDING DEGREES OR CREDENTIALS	n Medical Center INPT	(201) 30	1-1301		
recently trial title statements on the reverse	h Street	Jeffrey Farkas MD, LLC DBA Inte			
150 55	n, NY 11220	43 Westminster Avenue Bergenfield, NJ 07621			
02/28/2018	The color of the c				
SIGNED DATE a. 1609	198779 6	a. 1114267929 b			



CIGNA - PPO PO BOX 182223 CHATTANOOGA, TN 37422

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA												PICA 📗
MEDICARE MEDICA (Medicare #) (Medicaic	r		MPVA (GROUP HEALTH PLAI (ID#)	FEGA N _I BLK LUI	IG OTHER	1a. INSURED'S I. HCS2271				(For Program	in Itent 1)
2. PATIENT'S NAME (Last Name.	First Name, Middle Ini	tial)	3. PATIEN	T'S BIRTH DA	ATE S	EX F	4. INSURED'S NA		lame, F	irst Name,	Middle Initial)	
5, PATIENT'S ADDRESS (No., St			6. PATIEN	T RELATIONS	SHIP TO INSUI		7. INSURED'S AE	DRESS (N	o., Stree	et)		
				Spouse	Child	Other						
CITY		STAT		VED FOR NU	CC USE		CITY					STATE NY
ZIP CODE	TELEPHONE (Include						ZIP CODE		TE	LEPHONE	E (Include Area C	<u> </u>
	-(11)	-					4			4		- \$
9. OTHER INSURED'S NAME (La	st Name, First Name, N	fiddle Initial)	10. IS PAT	TENT'S CONE	DITION RELATE	D TO:	11. INSURED'S P	OLICY GR	OUP OF	R FECA NU	JMBER	
a, OTHER INSURED'S POLICY C	R GROUP NUMBER		a. EMPL	OYMENT? (G	urrent or Previo	us)	a. INSURED'S DA	TE OF BIR	ŢĦ		SEX	
				YES	s 🛂 N)	02				M	F
h. RESERVED FOR NUCC USE			ь. AUTO	ACCIDENT?	· · · · · · · · · · · · · · · · · · ·	PLACE (State)	b. OTHER CLAIM	1D (Design	ated by	NUCC)		
c. RESERVED FOR NUCC USE			_ COTHE	YES R ACCIDENTS		اــــا	c. INSURANCE P	LAN NAME	OR PR	OGRAM N	AME	
			3. 3 17.2	YES)	CIGNA -					
d. INSURANCE PLAN NAME OF	PROGRAM NAME		10d. CLAI	M CODES (De	esignated by N	UCC)	d. IS THERE ANO	parenty.		NEFIT PLA	N?	
		OF 0015: ==:	NO S OFFI	7 TIPO 500			13. INSURED'S O	NO AUTHOR			e items 9, 9a and SIGNATURE La	
READ (12. PATIENT'S OR AUTHORIZED to process this claim. I also re below.		E. I authorize the	release of any i	medical or oth	er information r			edical bene	elits to t		gned physician	
SIGNED				DATE			SIGNED			**		
4. DATE OF CURRENT ILLNESS		NCY (LMP):	15, OTHER DA	TE MN	vi , DD ,	YY	16. DATES PATIE MM	NT UNABL	E TO W	ORK IN CL	RRENT OCCUI	PATION ! YY
7. NAME OF REFERRING PROV	AL.	RGE 3	QUAL.				FROM 18. HOSPITALIZA	TION DATE	S RELA	TED TO C	URRENT SERVI	ICES
		F	7b. NPI				FROM 11 21 16 TO TO				YY	
9. ADDITIONAL CLAIM INFORM	ATION (Designated by	NUCC)					20. OUTSIDE LAB	i?		\$	CHARGES	i adamenti i amar primori e e envoru
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY	Relate A-L to se	rvice line belov	v (24E)	ICD Ind. 0		22, RESUBMISSIO CODE	NC	OF	RIGINAL RE	EF. NO.	
A [163.231	B. 167.848		c. [167.8	32	D, L		23. PRIOR AUTHO	ORIZATION	NUMB	ER		
E. L	F		g. L к. L		H. L							
24. A. DATE(S) OF SERVICE From	TO PLACE OF	C. D. PRO	DCEDURES, SI plain Unusual	Circumstance	s)	E. DIAGNOSIS	F.		YS EP IB Fa	H, I. SOT ID.	J. RENDEI	
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		Ì								NPI		
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461672913 31. SIGNATURE OF PHYSICIAN		<u> </u>	2042605 FACILITY LOC		YES RMATION	NO	\$ 120 33. BILLING PRO	050 (00 VIDER INF		# (2	201) 387	-1957
INCLUDING DEGREES OR C (I certify that the statements	REDENTIALS on the reverse		n Medica				Jeffrey F			(2	,	
apply to this bill and are mad	e a part thereof.)		h Street				43 Westmi					
A. Tiwari	02/28/2018	3	n, NY 11	ACING CARRESTS			Bergenfie			21		
SIGNED	DATE	a 1609	198779	b,			a 111426	7929	b.	este due bésé La companya		



			W. (4	ZALESKE WAR		OTHER	1a. INSURED'S I.I) MIMBER			(For Progra	m in Hem 1	Amendace
1. MEDICARE MEDICAL (Medicare #) (Medicaid		CHAMF (Mamber	- HEA	LTH PLAN	FECA BLK LU (ID#)	IG (ID#)						,	
PATIENT'S NAME (Last Name.			3, PATIENT'S	BIRTH DATE	J		4. INSURED'S NA	***************************************		Name, I	Middle Initial)		
Temur		"	MM : I	DD I YY	M 🗸	FП		Temu	ıri				
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			Self 🗸	Spouse	Child	Other				1			
TY		STATE	8. RESERVED	FOR NUCC L	JSE		CITY					STATE	
		NY										NY	
P CODE	TELEPHONE (Include A	Area Code)					ZIP CODÉ		TELE	PHONE	(Include Area	Code)	
	4												
OTHER INSURED'S NAME (Las	it Name, First Name, Mic	ddle Initial)	10, IS PATIEN	T'S CONDITIC	N RELAT	D TO:	11. INSURED'S P	OLICY GRO	UP OR FI	ECA NU	MBER		
	S COOL IS LILLIAGED						- BIOUDED'O DA	TE OF BIDTI			SEX		
OTHER INSURED'S POLICY O	R GROUP NUMBER		a. EMPLOYN	MENT? (Curren			a. INSURED'S DA	DD Y	7		4 /	Ε	7
DESCRIVED FOR MUCO 1885				YES	M	D	b. OTHER CLAIM	ID (Designat	od by Mi		v" 峑	<u> </u>	
RESERVED FOR NUCC USE			b. AUTO AC	(·	£	PLACE (State)	B. OTREM CLASS	io (pesigna)	ed by NC	(66)			
RESERVED FOR NUCC USE			o OTHER A	YES	✓ N	الـــا	c. INSURANCE PI	AN NAME C	OR PROG	RAM NA	AME		
RESERVED FOR NUCU USE			c. OTHER AC	YES	✓ N	n							
				<u> </u>			CIGNA -		EL DEME	CIT D! ^!	Ki o		
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	ACK OF FORM BEFOR	E COMOLETINO	9 CICKING T	He cops			13. INSURED'S O		·····		items 9, 9a a SIGNATURE I		
DATIENT'S OR AUTHORIZED I	PERSON'S SIGNATURE	Lauthorize the rele	ease of any med	lical or other in	formation	necessary	payment of m services desc	edical benefi					er fo
to process this claim. I also received	quest payment of governr	nent benefits eithe	r to myself or to	o the party who	accepts a	ssignment	Services desci	лова пакам.					
SIGNED			DAT	Έ			SIGNED		M. LA UK-MAN				
SIGNED DATE OF CURRENT ILLNESS			OTHER DATE				16. DATES PATIEI	NT UNABLE	TO WOR	K IN CU	RRENT OCC	UPATION	
VIM DD YY QU	1		JAL.	MM	DD	YY	FROM	DD I	YY	TC	MM D	D Y'	r
NAME OF REFERRING PROV		CE 17a.					18, HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				VICES D , Y	 Ү	
‡ •		17b.	NPI				FROM 11	DD 21 1	-6 -	TC		1	
). ADDITIONAL CLAIM INFORM	ATION (Designated by N	UCC)					20. OUTSIDE LAB	L		\$ (CHARGES		
Corrected clai	m .Original	. claim #	00005	6928-CC	SA.		YES	NO	***********				
. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY R	elate A-L to servic	e line below (2	4E) ICD	Ind. 0		22. RESUBMISSIO CODE	NC I	ORIG	INAL RE	F. NO.		
A LI63.231	B. [167.82	c. l			D. L		7	DIZATION (000)28-CGI	A	
E. L	F. L	G,			н. L		23. PRIOR AUTHO	DRIZATION P	MANNEH				
1, L	J. L	K.			L L	<u></u>				T			
4, A. DATE(S) OF SERVICE From	B. PLACE OF	1	EDURES, SERV in Unusual Circ		PLIES	E. DIAGNOSIS	F.	G. DAY:	S EPSOT	I, ID.		I. ERING	
		MG CPT/HCF		MODIFIER	\	POINTER	\$ CHARGES	UNIT	S Flan	OUAL.		DER ID. #	-7414-57
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FEDERAL TAX LD. NUMBER	SSN EIN	26. PATIENT'S A	ACCOUNT NO.	27. AC	CEPTAS	SIGNMENT? , see back	28. TOTAL CHAR	GE .	29. AMC	.1	AID 30.	Rsvd for Ni	JCC
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I, SIGNATURE OF PHYSICIAN	OR SUPPLIER	32. SERVICE FA	CILITY LOCAT				33. BILLING PRO			(2	01) 38	7-195	7
INCLUDING DEGREES OR C (I certify that the statements of		Lutheran	Medical	Center I	NPT		Jeffrey F	arkas M	D, LL	٠,	•		
apply to this bill and are made		150 55th	Street				43 Westmi	nster A	venue				
. Liff		Brooklyn,	NY 1122	0			Bergenfie	ld, NJ	07621				
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IGNED	02/28/2018 DATE	a 165963	8708	Carleina Carl			a. 111426	7929	b.				W

EXHIBIT D

Page 1 of 1



Leading Edge Administrators 14 WALL ST STE 5B NEW YORK NY 10005-2113

Provider Remittance Summary

የ-CC)

Forwarding Service Requested

JEFFREY FARKAS MD, LLC DBA I 43 WESTMINSTER AVENUE BERGENFIELD NJ 07621 5

Customer Care Information

If you have any questions regarding this claim, please contact the Fund Office at 1-888-721-2128

Group: HCS Group #: LEA006003

Date: 05/19/2017 Patient Acct #: 065702042605562

Clair	•	000067123	-CGA			300J TIWARI						
Pati	ent:	TEMUR : CE		Enrol	lee: TEMUR				Enrolle	Enrollee ID: HCS22		
	Dates of Service	Procedure Code	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co- Insurance	Payment Amount	
001	11/23-11/23/2016	37215	\$33,000.00	\$0.00	755	\$31,639.97	\$1,360.03	\$0.00	\$0.00	\$0.00	\$1,360.03	
002	11/23-11/23/2016	36223	\$32,000.02	\$0.00	755	\$31,599.98	\$400.04	\$0.00	\$0.00	\$0.00	\$400.04	
003	11/23-11/23/2016	36226	\$32,000.00	\$0.00	755	\$31,546.03	\$453.97	\$0.00	\$0.00	\$0.00	\$453,97	
004	11/23-11/23/2016	61650	\$20,000.00	\$0,00	755	\$18,524.58	\$1,475.42	\$0.00	\$0.00	\$0.00	\$1,475.42	
005	11/23-11/23/2016	36245	\$5,125.00	\$0.00	755	\$4,819.04	\$305.96	\$0.00	\$0.00	\$0.00	\$305.96	
006	11/23-11/23/2016	75898	\$3,600.00	\$0.00	755	\$3,500.87	\$99.13	\$0.00	\$0.00	\$0.00	\$99.13	
007	11/23-11/23/2016	75898	\$3,600.00	\$0.00	755	\$3,500,67	\$99.13	\$0.00	\$0.00	\$0.00	\$99.13	
008	11/23-11/23/2016	75898	\$3,600.00	\$0.00	755	\$3,500.87	\$99.13	\$0.00	\$0.00	\$0.00	\$99.13	
009	11723-11/23/2016	75898	\$3,600.00	\$0.00	755	\$ 3,5 00.87	- \$99.13	\$0.00	\$0:00-	\$0:00-	\$99,13	
010	11/23-11/23/2016	75736	\$1,250.00	\$0.00	755	\$1,181.85	\$68.15	\$0.00	\$0.00	\$0.00	\$68.15	
	Column Tota	ils	\$137,775.02	\$0.00		\$133,314.93	\$4,460.09	\$0.00	\$0.00	\$0.00	\$4,460.09	
Pa	tlent's Respo	nsibility:	\$0.0	0					Other Carrier Adjustment			
			Ψ0.0	•					Total Paym	ent Amount	\$4,460.09	

Remarks

Proced	dures	
Code	Description	
36223	PLACE CATH CAROTID/INOM ART	
36226	PLACE CATH VERTEBRAL ART	
36245	INS CATH ABD/L-EXT ART 1ST	
37215	TRANSCATH STENT CCA W/EPS	
61650	EVASC PRLNG ADMN RX AGNT 1ST	
75736	ARTERY X-RAYS PELVIS	
75898	FOLLOW-UP ANGIOGRAPHY	

Code	Description
755	THE AMOUNT REPRESENTS THE DIFFERENCE BETWEEN THE PROVIDER'S CHARGES AND THE OUT OF NETWORK ALLOWED AMOUNT. THE MEMBER IS RESPONSIBLE FOR THIS AMOUNT.

Payment Details		
Paid To	Check Date	Amount
JEFFREY FARKAS MD. LLC DBA I	05/19/17	\$4 460 09

Additional Information

We have selected Pay-Plus Solutions as our ePayment vendor to assist us in quickly transferring payment as well as complying with PPACA Section 1104. To sign up for ePayments using ACH or Credit Card, as well as electronic EOB's (835, Excel, PDF) please visit www.PPSONLINE.COM, email membership@ppsonline.com, or call Pay-Plus' Membership Services at 1-877-828-8834.